| | AUG 1 0 2005 | | ith applicable | fee(s), to: | Commissioner (P.O. Box 1450 Alexandria, Vir Fax (703) 746-4000 | for Patents ginia 22313-1450 | | |
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| 01 FC:2501 700.00 DA Scoks (October's name) | | | | | | | | |
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| ſ | APPLICATION NO. | FILING DATE | · · · · · · | FTO OTT > 1 A A CT | | 25-01-3 | (Date) | |
| 09/833.109 04/1/2001 Poul C Windows ATTORNEY DOCKET NO. CONFIRMATION | | | | | | | CONFIRMATION NO. | |
| David G. Wuchinish DWI 6461 TITLE OF INVENTION: LONGITUDINAL-TORSIONAL ULTRASONIC TISSUE DISSECTION | | | | | | | 6461 | |
| APPLN, TYPE SMALL ENTITY ISSUE FOR MICH. | | | | | | | | |
| 0 | nonprovisional | SMALL ENTITY NO | ISSUE F | | PUBLICATION FEE | TOTAL FEE(5) DUE | DATE DUE | |
| r | | | 21396 | 1700 | \$300 | \$1700_ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 09/02/2005 | |
| L | EXAMINER | | ART UN | <u> </u> | CLASS-SUBCLASS | 1 1000 | • | |
| - | SIRMONS, KEVIN C 376 | | | 604-022000 | | · | | |
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| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
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| | a. Applicant claims SN | (from status indicated above) MALL ENTITY status. See 3 | 7 CFR 1.27. | b. Applica | ant is no longer claiming SMAL | L ENTITY stanus See 37 CF | FR 1.27(a)(2) | |
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| | Authorized Signatur | Harold To | ymer | | Date | 3/10/05 | | |
| | Typed or printed name | HAROLD PE | | ₹ | Registration 1 | 10. 22,11 | 2 | |
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